

RECEIPT

PATENT  
Attorney Docket No. 102.0003-04000

Customer No. 22882  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Gary Karlin Michelson, M.D.

Serial No.: 09/626,636

Filed: July 27, 2000

For: APPARATUS AND METHOD OF  
INSERTING SPINAL IMPLANTS



Group Art Unit: 3731

Assistant Commissioner for Patents  
OFFICE OF INITIAL PATENT EXAMINATION  
Washington, D.C. 20231

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Sir:

**CERTIFICATE OF MAILING VIA FIRST CLASS MAIL**

Date of Deposit: November 13, 2000

I hereby certify that:

1. Request for Corrected Filing Receipt with marked-up copy of Official Filing Receipt
2. Self-addressed stamped return postcard receipt

are being deposited with the United States Postal Service to Addressee with sufficient postage as first class mail under 37 C.F.R. § 1.8 on the date indicated above and are addressed to:

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Washington, D.C. 20231

Date: November 30, 2000

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Facsimile: 703-679-9303



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Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

We are forwarding herewith a copy of a Filing Receipt for the above-identified patent application. As indicated in ink on the attached copy, there is an error in the Filing Receipt. The error appears in the Continuing Data as Claimed by Applicant wherein the last three lines need to be deleted as evidenced in item 8 of the Rule 1.53(b) Continuation Application Transmittal Form as filed.

It is respectfully requested that a corrected Filing Receipt be issued as soon as possible.

Respectfully submitted,

MARTIN & FERRARO, LLP

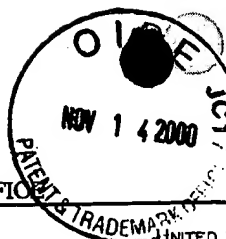
Dated: November 13, 2000

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WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/626,636	07/27/2000	3731	690	102.0003-04000	24	1	1

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**FILING RECEIPT**

\*OC000000005528012\*

**MARTIN & FERRARO LLP**

Date Mailed: 11/03/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Gary Karlin Michelson M D, Venice, CA ;

**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A CON OF 08/484,927 06/07/1995 PAT 6,096,038  
WHICH IS A DIV OF 08/074,781 06/10/1993 PAT 5,484,437  
~~WHICH IS A CIP OF 07/966,240 10/29/1992 PAT 5,511,266~~  
WHICH IS A CON OF 07/698,674 05/10/1991 ABN  
~~WHICH IS A CON OF 07/205,035 08/10/1988 PAT 5,845,247~~

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**Foreign Applications**

If Required, Foreign Filing License Granted 11/02/2000

**Title**

Apparatus and method of inserting spinal implants

**Preliminary Class**

606

+ MM 11-9-00



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/626,636	<b>FILING DATE</b> 07/27/2000 <b>RULE</b> -	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 102.0003-04000
<b>APPLICANTS</b> Gary Karlin Michelson M D, Venice, CA ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/484,927 06/07/1995 PAT 6,096,038 WHICH IS A DIV OF 08/074,781 06/10/1993 PAT 5,484,437				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/02/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 22882				
<b>TITLE</b> Apparatus and method of inserting spinal implants				
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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